

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7274

FILED MAR 15 1950

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>525</u>		PRIMARY REG. DIST. NO. <u>4476</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY OR TOWN <u>Downing</u>		c. LENGTH OF STAY (If in this place) <u>5 years</u>		c. CITY OR TOWN <u>Downing, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>①</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Millie</u> b. (Middle) <u>Ann</u> c. (Last) <u>Wheeler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7, 1950</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 17, 1880</u>	
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>11</u>		11. DAYS <u>20</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Scotland County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Joel Wheeler</u>			13b. MOTHER'S MAIDEN NAME <u>Hester Palmer</u>			14. NAME OF HUSBAND OR WIFE <u>Irvin Wheeler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Permie Ruth Downing, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension (arteriosclerosis)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary arteriosclerosis (condition)</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 10, 1946</u> , to <u>Mar 7, 1950</u> , that I last saw the deceased alive on <u>Mar 7, 1950</u> , and that death occurred at <u>9:30 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl J. Saverton, M.D.</u>				23b. ADDRESS <u>Lancaster Mo</u>		23c. DATE SIGNED <u>3/11/50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 9, 1950</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Crowder</u>		24d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 11-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. C. J. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Moore</u>		ADDRESS <u>Downing, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1960

RECEIVED

District Health Officer

District File Number 338

MAR 13 1960
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Lloyd Moore

Signed _____
Student Embalmer

Licensed Embalmer No. 3151

P. O. Address Downing Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.